



Retention Plan Certification

Instructions: All agencies applying for Tribal Resources Grant Program grant monies to hire additional officer positions must submit this Certification with their application. Please review COPS retention requirements thoroughly in the "Administrative Requirements" section of the Application Instructions before signing this form. If you have questions, please call the U.S. Department of Justice Response Center at 800.421.6770, and ask to speak with your Tribal Point of Contact.

- I. Tribal Resources Grant Program grantees are required to retain all additional officer positions awarded for at least one full local budget cycle following the expiration of COPS grant funding for each COPS-funded officer's position. The additional officer positions should be added to your agency's law enforcement budget with state or Tribal funds for at least one full local budget cycle, over and above all other locally-funded officer positions that would have existed regardless of the grant, from the time that the 36 months of grant funding for each COPS position expires. Absorbing Tribal Resources Grant Program officers through attrition (rather than adding the extra positions to your budget with additional funding) does not meet the retention requirement.

We, _____, certify that we have read and understand the COPS Tribal Resources Grant Program
(Applicant's Legal Name)
retention requirements. Furthermore, we certify that if awarded, our agency plans to comply, in full, with those requirements.

- II. Use the space below to explain how your Department currently plans to retain any additional officer position(s) awarded. Please be as specific as possible about the source(s) of retention funding (General Fund revenues, local ballot item, etc.) your agency plans to utilize. If additional space is needed, please continue your explanation on Department letterhead. A missing or incomplete response could affect your ability to receive funding.

III. **Law Enforcement Executive**

Government Executive

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____